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ABSTRACT

Wellness and holistic health models, which focus on life style as a major component of long term health, are thriving throughout the United States. To evaluate the impact of an undergraduate psycholgoy course dealing with health enhancement, wellness, and prevention issues, 24 college freshmen enrolled in one of two courses for a 10-week period: a psychology class focusing on wellness, stress awareness and management; and a philosophy class focusing on the self. Pre- and post-tests were administered to assess life style habits (Lifestyle Assessment Questionnaire), self-concept (Tennessee Self Concept Scale),and anxiety/stress (State-Trait Anxiety Inventory, Mood Adjective Checklist, and Somatic Complaint Checklist). The control subjects also completed the Relaxation Rating Scale Survey evaluating the stress awareness and management components of the course. An analysis of the results showed that little change occurred for either the treatment or control groups from pre- to post-testing. Factors which may account for the lack of gains were the short intervention period, the measures used, constraints on students' ability to change life style behavior given the university setting, and the nature of the undergraduate program. Data collected on the Relaxation Rating Scale Survey suggest the value of stress management training and the need to further explore and evaluate the impact of health promotion programs for students. (The Relaxation Rating Scale Survey is appended.) (BL)

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An Evaluation of the Impact of a Wellness Course in the Undergraduate Psychology Curriculum

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Running Head: Wellness Course Evaluation

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ABSTRACT

The present investigation evaluated the impact of an undergraduate psychology course dealing with health enhancement, promotion, wellness, and prevention issues. A pre-post treatment-control group design was utilized to assess the effects of the course on anxiety, self-concept, and lifestyle behavior measures. A survey was also administered to treatment group Ss to specifically evaluate the stress awareness and management components of the course. Results suggest the value of stress management training and the need to further explore and evaluate the impact of health promotion programs for students as well as faculty and staff within the University setting.

INTRODUCTION

One can hardly pick up a health journal or health related periodical these days without seeing an article on wellness, self-care, or preventive medicine. Non-traditional, nonmedical health promotion and healing practices are now being used both as an alternative and adjunct to traditional therapies in a variety of settings. Wellness Centers are emerging in many communities from coast to coast. This movement toward alternative healing and health promotion strategies and methods is quite literally taking the nation by storm. The Psychosomatic Medicine Institute in Berkeley, California and the Himalayan International Institute in Honesdale, Pennsylvania are only two of many wellness and holistically oriented centers that are thriving and flourishing today in our society. A whole host of wellness conventions, Preventive Medicine workshops, Biofeedback clinics, etc. can be found operating on a regular and systematic basis.

Another index of the popularity of the health enhancement model can be gleaned from the media. The John Hancock Life Insurance Company has created a film called The Wellness Revolution and the B.B.C. created a documentary called Horizons that has won acclaim in Europe. (A film dealing with the variety of alternative approaches to health care in America). Additionally the Metropolitan Life Insurance Company has recently established the Metropolitan Life

Foundation Student Health Grants. This grants program has awarded $225,000 over the three years from 1980 to 1982 to nine colleges and universities which developed innovative, potentially replicable programs enabling students to prepare for lifetime habits and judgments which will protect and improve their health. This grants program clearly indicates both the interest and the need for creating and promoting appropriate wellness and health enhancement lifestyles in the college-age community.

The university student community is a prime milieu for learning about and coping with health matters such as diet and exercise, smoking, alcohol and drug use, stress and mental health, family planning and sexually transmissable diseases, and risk-taking behavior leading to motor vehicle and other accidents. Yet as Lowell Levin (1979) suggests, however, the major gap in self-care education programs exists with the college age students. One can assume that there is also a gap in other wellness and holistic health-related programs and services for this age group. As the recent Surgeon General's report, Healthy People (1979) indicates, the adolescent and young adult years are relatively healthy times. However, it is widely believed that during these years many important health habits are formed and set and that an individual's health patterns can in fact be greatly shaped by the attitudes, knowledge, and behaviors adopted during high school and college. It is for this reason that wellness and self-care programming

for college students is so vital and should be vigorously explored and evaluated.

The Lifestyle Point of View

Growing evidence exists that much morbidity and mortality today is self induced. The risk of contacting heart disease, for example, is highly related to the individual's style of living. It is known that the lifestyles that lead to increased risks (e.g., heart disease, stroke, hypertension, etc.) are established 10-40 years prior to the morbid or mortal event (Laver, 1975). Thus, it is important to attempt to reduce the prevalence of these risk factors at as early an age as possible.

Unfortunately, the ability to reduce the prevalence of these risk factors has met with limited success, as behavioral change requires active participation by the population at risk (Thomas, 1977). However, health education may be the key to provide meaningful change (Coates, 1980; Farquhar, 1978). These programs usually include both informational sessions and support-group concepts in attempting to change behavior.

In 1974 the Government of Canada published A New Perspective on the Health of Canadians. It introduced a useful concept which views all causes of death and diseases as having four contributing elements: inadequacies in the existing health care system, behavioral factors or unhealthy lifestyle, environmental hazards, and human biological factors. The methodology allows one to assess the relative contributions

of each of the elements to many health problems. An analysis in which this method was applied in the United States to the ten leading causes of death in 1976 suggests that perhaps as much as half of the U.S. mortality in 1976 was due to unhealthy behavior or lifestyle. The Surgeon General's report Healthy People stated that improvement in the health status of Americans will not be made primarily through the treatment of disease but rather through it's preventions. It seems clear that prevention strategies will require individuals to take a significantly greater degree of personal responsibility for their health and wellness.

The Student Health Center at the University of Redlands averages 4,700 visits per year by University of Redlands students. (This averages over four visits per student per year. The majority of health problems for the University of Redlands are similar to those of other college students (i.e., acute illness). Health services are therefore used for treatment of conditions that rarely have a long-term impact on functional status or mortality. However, an Institutional Research Report (conducted by the University) revealed that, over the last ten years, there was an 82 percent increase in the use of alcholic beverages, a 40 percent increase in the number who smoke cigarettes, and a 33 percent increase in the use of over the counter sleeping medication among the student population. Moreover, another internal report indicated that, compared to the past ten years, students reported a significantly larger amount of stress, anxiety, and tension. Thus,

an excess of risk factors related to lifestyle variables for the development of major forms of morbidity and mortality during the productive years of life appears to be present in this population.

It is the authors' contention that effective wellness and self-care programming through coursework aimed at the University students should measurably increase a student's well-being. Psychology faculties have a unique and vital opportunity to influence and impact young people in areas of general mental, physical, social, emotional and spiritual health before chronic problems set in. The opportunity to work with people that as a group are generally healthy and fit and who, I assume, are open to positive change in both attitude and behavior is an exciting challenge!

The primary concern in designing, implementing, and evaluating a wellness course involves nurturing a particular consciousness and developing an environment to support the evolution of that consciousness-the consciousness of self-awareness and self-responsibility. The course in wellness is about the promotion of optimal health.

The purpose of the present preliminary and exploratory research is to determine the effects on a student's levels of stress and relaxation, self-concept, somatic difficulties, mood, and lifestyle habits as a function of their involvement in a semester long course titled: "The Pursuit of Psychological and Physical Well-Being." It is our hope that this course/program will encourage the concept of free

and informed choices, as well as offer undergraduate students opportunities to investigate and understand how attitudes and behavior influence lifestyle, personality and anxiety/stress.

METHOD

Subjects

Ss consisted of 24 first semester freshman students enrolled at the University of Redlands. Ss voluntarily enrolled into either of two courses from among the Freshman Seminar classes offered in the Fall semester, 1982 at Redlands. The treatment group consisted of twelve students enrolled in a Freshman Seminar offered by the Psychology Department entitled The Pursuit of Psychological and Physical Well-Being. The control/comparison group included 12 students enrolled in a Freshman Seminar from the Philosophy Department called The Self and Its Doubles. The psychology course was taught by the authors and the philosophy course was taught by Dr. Kevin O'Neill.

Apparatus

All Ss were administered the following standardized paper and pencil questionnaires: (1) The State-Trait Anxiety Inventory, (2) The Tennessee Self-Concept Scale, (3) The Life-style Assessment Questionnaire, (4) The Mood Adjective Check-list and, (5) The Somatic Complaint Checklist. Additionally, the authors designed a brief questionnaire The Relaxation Rating Scale Survey (see Appendix A) that assessed treatment group Ss perception of changes in degree of anxiety and relaxation. All measures attempted to assess Lifestyle Habits, Self-Concept, and Anxiety/Stress.

Procedure

During the second week of the Fall semester, 1982 all Ss in both treatment and control groups were administered the five standardized assessment instruments. This completed the pre-testing phase of the study. During the last week of classes for the fall semester all 24 Ss once again completed the five assessment questionnaires. This completed the post-testing phase of the project.

The treatment group consisting of twelve students enrolled in the Wellness course were involved in a 10-week program with two primary experiential components. The first was designed to teach Ss the skills of stress awareness and management, relaxation, and self-regulation. Ss spent two weeks practicing and developing each of the following three techniques: (1) Diaphragmatic Breathing, (2) Progressive Relaxation, and (3) Hatha Yoga. Ss were required to practice each technique for 20 minutes twice a day upon rising and just prior to going to sleep. They were also required to keep a journal in order to make daily entries reflecting their thoughts, feelings, sensations, and learnings with each stress awareness and management approach. Following each two-week segment Ss completed a copy of The Relaxation Rating Survey designed to measure levels of stress and relaxation as well as the overall effectiveness for each specified technique.

The second experiential component included a series of exercises, demonstrations, films, slides, and problem-

solving activities concerning awareness and sensitivity in personal wellness planning along four dimensions: (1) self-responsibility, (2) nutrition/diet, (3) physical fitness, and (4) environmental influences as they affect one's overall psychological and physical well-being. This component begins with an assessment of each treatment Ss' current level of wellness/health. The activities for wellness planning encouraged Ss to find ways to insure that the four dimensions of wellness became integrated at home, work, and during leisure time. This component concludes with each student developing a six-month personal wellness program along each of the four wellness dimensions that reflects their own unique needs and desires.

RESULTS

Data were reviewed and analyzed in two ways. First pre/post-test, treatment/control group comparisons on fourteen dependent variables were examined (based on the five assessment instruments). Second, both quantitative and qualitative data from the Relaxation Rating Scale Survey (developed by the first authors) were examined.

Fourteen 2 x 2 ANOVA's with repeated measures on the first variable were conducted where pre/post-testing defined the two levels of the first independent variable and treatment/control groups (i.e., the two Freshman Seminar courses) constituted the two levels of the second independent variable. The fourteen dependent variables included: Speilberger's State-Trait Anxiety Inventory, The Somatic Complaint Checklist, The

Mood Adjective Checklist, nine subscales of the Life Assessment Questionnaire and the Total "P" score from the Tennessee Self-Concept Scale.

All fourteen ANOVA's yielded statistically non-significant F ratios ($p < .05$). Table I presents the mean scores for each dependent measure for pre/post-test and treatment/control group comparisons.

Insert Table I here

In order to determine whether or not the three relaxation techniques taught and practiced by Ss in the treatment group had any benefit or impact for them, statistical comparisons for specified questions on The Relaxation Rating Scale Survey (See Appendix A) were performed. All three comparisons were made for data collapsed acrossed the three relaxation techniques. The T-statistic was used to make these comparisons. The first t-test conducted examined mean differences for treatment group Ss on the following two questions: (1) "How anxious, uptight, or stressful generally were you prior to your relaxation practice sessions?" and (2) "How about after relaxation practice sessions?" The treatment group mean for the first question was 1.03 on a 0-3 point scale (the higher the rating the greater the stress), whereas the mean for the second question was 0.79. A t-value of 6.34 proved to be statistically significant ($p < .01$, 70df).

A second t-test comparison for the following two

questions from The Relaxation Rating Scale Survey were: (1) "How relaxed, calm, and tranquil generally were you prior to your relaxation practice sessions?" and (2) "How about after relaxation practice sessions?" The mean for the first question was 1.29 and 2.10 for the second (on the 0-3 point rating scale where the higher the rating the greater the degree of relaxation). This difference was statistically significant. the t-ratio was 4.21 ($p < .01$ 70df).

A final t-test comparison for treatment group Ss was performed to determine if the mean ratings for the question, "Overall, how beneficial were your relaxation practice sessions?" was significantly significant. The mean of 2.40 on the 0-3 point rating scale (where higher ratings indicate greater perceived benefits from relaxation training) was statistically significant. A t-value of 21.82 was obtained ($p < .01$, 22df).

Lastly, treatment group Ss were asked to express on The Relaxation Rating Scale Survey their thoughts, feelings, and sensations after practicing each of these three relaxation techniques. Table II summarizes the kinds of responses made by treatment group Ss.

Insert Table II here

An examination of Table II clearly indicates the positive and beneficial nature of most treatment group Ss perceptions and attitudes about their relaxation training and program. This data suggests that regardless of what

relaxation techniques were employed, Ss reported feeling relaxed, happy, aware of their bodies, calm, energized, etc.

DISCUSSION

While the pre/post, treatment/control group results from the fourteen ANOVA's were quite disappointing the results (quantitative and qualitative) for the treatment group on the Self-Report Relaxation Rating Scale Survey were enlightening and yielded valuable data. An examination of Table I indicates that gains and losses from pre to post-testing for treatment and control groups were generally negligible. In some instances mean control group gains were as great as those for the treatment group and in a few cases the mean gains for the treatment were negligible while control group gains were greater. Regardless of these patterns in group means from pre to post-testing none of the differences were statistically significant. Overall, little change occurred for either treatment or control groups from pre to post-testing on the fourteen dependent measures utilized.

One major factor that could account for the lack of gains for the treatment group Ss was the relatively short period of time between pre and post-testing. Pre-testing took place during the second week of the 13 week semester and post-testing in the last week of full semester classes. The intervention period was only ten weeks in length. It is likely that significant changes in knowledge/awareness, attitude, and lifestyle behaviors require a longer incubation

than the ten weeks. Follow-up studies planned for the 1983-84 academic year will seek to determine if control and treatment group Ss changed on any of the fourteen dependent measures used in this study nine and fifteen months after initial post-testing. Changing old habits and styles of living as well as shifting attitudes about personal responsibility in health care and promotion most likely require greater than ten weeks to manifest optimal effects. Additional research is needed to explore short and long-term consequences of experientially oriented undergraduate courses in wellness and health enhancement fields.

A second factor that could serve to explain pre/post-testing data involve several of the measures (i.e., state anxiety, mood adjective checklist, somatic complaint checklist, Tennessee Self-Concept) that are sensitive to changes in feelings, stress, self-esteem and swings in mood as a function of environmental circumstances and demands. Stress-related variables common to freshman in the process of adjusting to college life can cause frequent shifts in mood and perceived anxiety. Additionally, the post-testing was conducted several days prior to final exams, a period of stress and pressure for all undergraduates, but particularly freshman. Control and treatment group Ss' attention and concentration levels during the post-testing session could have been adversely affected by these pressures as well as significantly influencing their levels of anxiety, self-esteem and behavioral patterns.

A third factor that might explain the lack of significance in pre/post-testing (especially for life-style behavior measures) involves constraints on students' ability to change some behaviors given the University setting (e.g., one measure on the Lifestyle Assessment Questionnaire deals with nutrition. Students do not have the flexibility to cook their own food or design their own menus).

A final factor that could serve to explain control group gains of equal or greater degree than treatment group gains involves several common features inherent in the Freshman Seminar Program at the University of Redlands. The seminars are designed to provide every entering freshman an opportunity for a close personal relationship with a faculty member and helps ensure careful, competent and thoughtful academic and personal counseling. The seminar instructor serves as the academic advisor for each student in the class. Because of it's small size and flexible format, the seminars help develop a close relationship between the students and the professor. The professor comes to know each student well and to understand the students' intellectual as well as emotional strengths and weaknesses. This unique classroom environment, regardless of the Freshman Seminar topic considered may lead to significant changes in self-concept, mood, feelings, anxiety, and/or lifestyle changes in behavior. The scope and goals of the Freshman Seminar Program in general and the content of the particular (control group) seminar selected seems to clearly suggest it may have

been an inappropriate control.

A common theme in the stress literature (Cousins, 1979, Girdano & Everly, 1979, Edlin & Golanty, 1982) suggests that stress is a matter of interpretation and perception. In other words, one's subjective experience of environmental events and circumstances as stressful is a critical variable in defining stress. For this reason the author's designed the Relaxation Rating Scale Survey. It attempted to assess each treatment group Ss' perception of his/her degree of stress and relaxation prior to and following practicing each of the three specified relaxation techniques. An additional question asked treatment group Ss to evaluate the overall benefits of the relaxation program. The statistically significant differences between perceived stress and relaxation before and after working with the three stress management techniques clearly suggest that these approaches to stress were beneficial in both reducing perceived stress and increasing perceived relaxation levels. The data in Table II presents additional qualitative support indicating the value and benefits (in terms of thoughts, feelings, and sensations) associated with the relaxation techniques as perceived by treatment group Ss. These data suggest that stress awareness and management programming targeted at the undergraduate student can measurably affect a student's perceived state and level of stress and relaxation.

The data from the Relaxation Rating Scale Survey suggests the need to design, implement and evaluate not only

courses in self-care programming, stress management, and wellness for undergraduate students but also to provide campus wide resources and support groups in these areas to nurture and encourage students to develop the awareness and lifestyle skills necessary to acquire and maintain a preventative, health promotion and enhancement perspective. The Student Wellness Resource Center at Southern Illinois University-Carbondale is one such program. Established in 1978 it consists of four components (i.e., The Lifestyle Program, Human Sexuality Services, Health Activation Program and Alcohol Education Project) and has attempted to promote holistic health, self-responsibility, and self-care through a variety of methods designed to impact students in their residential, social, and educational environment.

Future research needs to systematically explore the relationship between college-age students' health-related personal habits and their well-being. There is evidence (McKillip & Taylor, 1980) for a relationship between a number of personal habits (e.g., physical fitness, tobacco use) and the long-term risk of illness. But for a generally young and healthy population, such as college students, a more immediate link between habits and illness has rarely been demonstrated. This lack of empirical evidence for such a relationship may undermine both administrative support and student interest in positive health-care programming. The present exploratory research as well as that of Taylor and McKillip (1980) suggest

the need and value for stress awareness/management programming for university students. The paucity of research and health enhancement services targeted for the college-age student suggests the need for the development of systematic and programmatic research to examine short and long-term consequences of health related courses in college curriculae as well as more comprehensive services for an entire university community.

REFERENCES

Coates, T.J. & Thoresen, C.E. Obesity in children and adolescents: The problem belongs to everyone. In, Advances In Clinical Child Psychology. Lahey & Kazdin (eds.), NY, NY: Plenum, 1980.

Cousins, Norman Anatomy of an Illness. NY, NY: W.W. Norton & Co., Inc., 1979.

Edlin, Gordon and Golanty, Eric Health and Wellness, Boston, MA., Science Books International, 1982.

Farquhar, J.W. The commonly based model of lifestyle intervention trials. American Journal of Epidemiology. 108, 103-11, 1978.

Fills, William The Tennessee self-concept scale. Counselor Recordings and tests, Nashville, TN, 1964.

Girdano, Daniel and Everly, George Controlling stress and tension. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1979.

Hettler, William, Elsenrath, Dennis, Leafgren, Fred Lifestyle assessment questionnaire. Institute for Lifestyle Improvement (2nd. ed.) Stevens Point, WI, 1980.

LaLonde, Marc A new perspective on the health of Canadians. Ottawa: Government of Canada, 1974.

Laver, R.M., et al. Coronary heart disease and risk factors in school children. Journal of Pediatrics, 86, 696-700, 1975.

Levin, L.S. Self-care - new challenge to individual health. Journal of the American College Health Association, 28, 117-120, 1979.

McKillip, J., Taylor, M.E. Immediate health-related consequences of student lifestyles. Health Values. 4 (No. 5), 1980.

Office of the Assistant Secretary for Health and Surgeon General. Healthy People. DHEW Pub. No. (PI&S) 79-55071, Washington, D.C., U.S. Government Printing Office, 1979.

Spielberger, C.D., Gorsuch, R.L., & Lushene, R.E. Manual for the state-anxiety inventory. Palo Alto, CA, Consulting Psychologists Press, 1970.

Thomas, L. On the science and technology of medicine. Daedalus; Winter, 35-46, 1977.

APPENDIX A

Name _____

Date _____

Relaxation Rating Scale Survey

PART I

1. Thoughts and feelings

2. Sensations

3. What I learned from practicing my technique

PART II

Please use the following code to make your judgments for each of the following questions:

0 = Not at all
1 = Slightly
2 = Moderately
3 = Greatly

1. Extend to which your mind generally wandered during your 2-week practice sessions.

   0 1 2 3

   Comments:

2. How anxious, uptight, or stressful were you generally prior to your practice sessions during this 2-week period?

   0 1 2 3

   Comments:

(over)

How about after practice sessions during this 2-week period?

0 1 2 3

Comments:

3. How relaxed, calm, or tranquil were you generally prior to your practice sessions during this 2-week period?

0 1 2 3

Comments:

How about after practice sessions during these 2-weeks?

0 1 2 3

Comments:

4. Overall, how beneficial were your practice sessions these 2-weeks?

0 1 2 3

Comments:

TABLE II

Representative Responses of Treatment Group Ss and Frequency of Occurrence for such responses for each of three Relaxation Techniques.

Technique	Student Self-Report	Frequency
Diaphragmatic Breathing	It was hard to concentrate at first, but after a while my mind stopped drifing.	9
	I became more aware of myself and my body.	7
	I felt refreshed afterwards.	5
	I felt more relaxed during or afterwards.	10
	I felt a floating, weightless sensation.	2
	I felt happy, free.	2
	I learned the importance of taking time for myself.	2
	I learned to reduce tension, stress.	6
	I found it difficult to concentrate on breathing	3
Progressive Relaxation	I became more alert.	1
	I found this to be pleasurable and easy to do.	2
	I found it is important to take time for myself.	1
	It was very beneficial.	1
	I found this to be difficult, boring, and hard. to stick with.	3
	I disliked flexing and releasing.	2
	I felt a high.	2
	I felt refreshed, like I had slept.	2
	I felt in tune with my body and mind.	3
	I felt tingly.	1
	I did not feel relaxed.	1
	I learned to calm myself.	1
	I felt calm and alert afterwards.	4
	I learned to use this technique affectively for relaxation.	4
	My tension was released.	3

cont'd on next page

TABLE I

Mean Raw Scores for 14 factors representing anxiety, self-concept, and Lifestyle Behavior measures for pre/post-test and treatment control group comparisons.

		Pre		Post	
	Dependent Variable	Control	Treatment	Control	Treatment
	Anxiety				
1.	State Anxiety	31.4	30.4	31.3	31.8
2.	Trait Anxiety	35.5	38.6	33.1	39
3.	Somatic Complaint	73.4	69.1	76.9	70.7
4.	Mood Adjective Checklist	222	229.6	219.9	221.3
	Lifestyle Behavior				
5.	Exercise	36.2	36.2	37.9	39.7
6.	Nutrition	41.1	43.2	43.3	43.9
7.	Self-care	43.9	49.6	47.4	48.7
8.	Drug Usage	49.7	62.2	48.1	54.3
9.	Environmental	63.1	63.9	63.5	66.5
10.	Emotional Awareness	131.9	129.5	131.1	126.3
11.	Emotional Management	90.5	89.9	90.2	90.3
12.	Intellectual	54.6	51.5	53.3	50
13.	Spiritual	52.2	56.9	58.2	56.9
	Self-Concept				
14.	Total P Socre	347.5	342.2	351.1	343.5

TABLE II Cont'd

Technique	Student Self-Report	Frequency
Hatha Yoga	The streatching was enjoyable, it felt good.	2
	Yoga helped me relax my mind and body both during and afterwards.	5
	I could see progress.	1
	I became more aware of my body and where it was tense.	5
	I started to feel stronger, more flexible.	2
	I felt calm and energized.	5
	I felt tingling.	2
	I felt alive, refreshed and relaxed afterwards.	11
	I learned exercise can be fun and easy.	4
	I learned I need to take time for myself	4
	I learned the benefits of yoga.	4
	I learned how to loosen up, flexibility.	4